Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTRAN	ISPORT OIL	AND NA	TURAL G	AS					
Operator XERIC OIL & GAS COMPA		Well API No.									
Address					30-041-10102 / K						
P. O. Box 51311, Mid1	and, TX	7971	0						,		
Reason(s) for Filing (Check proper box)				Oth	et (Please expla	ain)		 			
New Well			ransporter of:								
Recompletion	Oil Casinghead		Ory Gas Condensate	Effort	dua lamur		1000				
If change of operator give name					ive Janua	ary I,	1993				
and address of previous operator	VA OIL 8	CHEMI	CAL COMPAN	Υ					· 		
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, includi					· ·			of Lease No.			
Horton Federal		2 1	<u>lilnesand</u>	San Andres State			Federal or Fee	NMNM0145685			
Unit LetterC	. 330		N	onth .	. 105	0 -					
Unit Letter : 330 Feet From The North Line and 1650 Feet From The West Line											
Section 30 Township 8S Range 35E , NMPM, ROOSevelt. County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)											
Mobil Dine Line Com									·		
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					Proration Section, Box 900, Dallas TX 75221 Address (Give address to which approved copy of this form is to be sent)						
Warren Petroleum Company				Box 1589 Tulsa, OK 74102							
If well produces oil or liquids, give location of tanks.					Is gas actually connected? When			?			
If this production is commingled with that i				ing order num				· · · · · · · · · · · · · · · · · · ·			
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
te Spudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Dooth				
							Tubing Depth				
Perforations					Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	T	ING & TUB		DEPTH SET			SACKS CEMENT				
							<u> </u>				
							<u> </u>				
V. TEST DATA AND REQUES	T FOR AI	LLOWAE	LE								
OIL WELL (Test must be after re	covery of total	il volume of	load oil and must	be equal to or	exceed top allo	wable for this	depih or be for	full 24 hours	r.)		
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure			Casing Pressure			Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF				
GAS WELL	<u> </u>						L		••		
Actual Prod. Test - MCF/D	Length of Te	st		Bbls. Condensate/MMCF			Gravity of Condensate				
	:										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICA	ATE OF (COMPL	IANCE				·		J		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				JAN 27 1993							
\sim \sim \sim \sim					Date Approved						
1556					By ()ric. Signed by						
Signature (SIGNAL) SIGNATURE VP					—— ()r	ig. Signe	l by,				
Signature GAIZY S. BAIZKEIZ V.P. Printed Name Title 1-22-93 915-683-317 / Date Telephone No.				By Orig. Signed by Paul Kautz Title Geologist							
1-27-93 Date	91	15-68	3-3171								
Date		1 etepho	AUC INO.								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.